



# COMMONWEALTH of VIRGINIA

## DEPARTMENT OF SOCIAL SERVICES

June 7, 2005

### TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) PROGRAM

#### TANF Transmittal #29

This transmittal contains changes and clarifications to the Temporary Assistance for Needy Families (TANF) Program. This transmittal incorporates a change in the Community Work Experience Program (CWEP) based upon action by the 2005 session of the Virginia General Assembly. This transmittal also contains several policy clarifications.

The changes in this transmittal are effective July 1, 2005.

The transmittal changes and guidance for updating the policy manual are listed below. The certification manual and this transmittal are available on the Intranet at <http://www.localagency.dss.state.va.us/divisions/bp/tanf/manual.cgi> and on the Internet at [http://www.dss.virginia.gov/benefit/tanf\\_manual.html](http://www.dss.virginia.gov/benefit/tanf_manual.html).

- Truant Applicants
  - Ineligible Assistance Unit Members
  - Sponsored Aliens
  - Workers' Compensation
- A. **Truant Applicants** – When the processing period was changed from 45 days to 30 days, Policy at 201.3, G. 2 was not updated. Policy at 201.3, G. 2 has now been revised.
- B. **Ineligible Assistance Unit Members** – Policy at 302.6, C and D has been revised to delete the reason for ineligibility due to a period of ineligibility based on receipt of a lump sum. The lists at 302.6, C, and D have been renumbered.
- C. **Sponsored Aliens** – Section 305.4, D has been added back to policy. This paragraph was unintentionally deleted in Transmittal 25. The paragraph describes the treatment of income of individuals who sponsor aliens entering the United States on or after December 19, 1997.

- D. **Workers' Compensation** - Policy at Chapter 1000, page 39 has been revised to incorporate amendments to §63.2-608, 65.2-101, 65.2-500, 65.2-502, and 65.2-512, of the Code of Virginia. The definition for 'employee' of the Commonwealth of Virginia now states, "TANF recipients not eligible for Medicaid participating in the community work experience program (CWEP) component of the VIEW program, will be deemed employees of the Commonwealth for the purposes of this title."

This amendment allows for VIEW participants not eligible for Medicaid in a CWEP placement to be covered under the Commonwealth's Workers' Compensation Act. VIEW participants not eligible for Medicaid assigned to a CWEP placement shall be eligible for payment of medical expenses resulting from covered injuries. Each claim will be evaluated on its merits by Managed Care Innovations.

It is important to note, this coverage is not medical insurance and not everything that happens at work is covered under Workers' Compensation.

These individuals shall not be eligible to receive weekly compensation.

The pages of this transmittal are to be incorporated in the TANF Manual as follows:

Section 201.3, page 4c, dated 7/05 (1 sheet), to replace Section 201.3, page 4c, dated 4/03 (1 sheet).

Section 302.6, pages 2a – 4, dated 7/05 (4 sheets), to replace Section 302.6, pages 2a – 4, dated 1/20/97, 12/03, 10/00, 12/03, respectively (4 sheets).

Section 305.4, page 32a, dated 7/05 (1 sheet), to replace Section 305.4, page 32a, dated 7/04 (1 sheet).

Chapter 1000, pages 39 and 39b, dated 7/05 (2 sheets), to replace Chapter 1000, page 39, dated 4/04 (1 sheet).

Chapter 1000, Appendix A, page 1, dated 7/05 (1 sheet) to replace Chapter 1000, Appendix A, page 1, dated 4/05 (1 sheet).

Chapter 1000, Appendix A, pages 56 - 59, dated 7/05 (4 sheets).



S. Duke Storen, Director  
Division of Benefit Program

The child's failure or refusal to cooperate with the plan is considered noncooperation by the caretaker, as the caretaker is responsible for the child's actions.

- F. Reinstatement Following Noncooperation in Establishing or Following the Plan - The child's needs are to be reinstated once the agency has verified that the caretaker is again cooperating. If noncooperation occurred in relation to development of the plan, development of the plan must be completed for cooperation to exist. If noncooperation occurred in following the plan once developed, the caretaker must demonstrate her cooperation before the child's needs can be reinstated. The child's needs must be added to the grant effective the month following the month in which cooperation occurs. If the caretaker contacts the agency prior to the actual removal of the child and cooperates in developing the plan, the child's needs will not be removed from the grant.
- G. Truant Applicants - During the application process, if the assistance unit member is truant, the local department must do the following:
1. notify the applicant of the requirements listed in Section 201.3 C;
  2. allow the applicant an opportunity to comply with the school attendance requirement during the 30-day processing period by either enrolling the child or by cooperating with the agency in establishing a plan for compliance; and
  3. notify the applicant of the child's eligibility or ineligibility on the "Notice of Action" form when action is taken on the application.
- H. Notification of Court Conviction and Subsequent Reinstatement - If the agency receives notification that a court has found a member of the assistance unit guilty of a violation of compulsory school attendance laws, the eligibility worker must remove the truant recipient from the grant effective the following month, if administratively possible. The child will remain ineligible until the caretaker notifies the local agency, and the agency verifies through the school division, that the child is no longer truant. The child's needs must be added to the grant effective the month following the month in which compliance was achieved.
- I. Children in Job Corps - The Job Corps Program is an alternative education program which meets compulsory school attendance requirements. A child who is in the Job Corps is considered to be in compliance with school attendance requirements without regard to actual attendance records.
- J. Compulsory School Attendance Requirements Applicable to SSI Children - The school attendance requirement applies to an SSI child only when the SSI child is the only eligible child in the assistance unit. In such cases, the eligibility of the case is based upon the child's meeting AFDC eligibility requirements, including school attendance. The requirement does not apply to other SSI children in the home. If the SSI child who is the only eligible child does not meet the school attendance requirement, the case is ineligible.

When all categorical requirements and conditions of eligibility are met, the needs of that child will be included in the assistance unit. (Refer to Section 401.2.B.2.c.)

The caretaker/relative other than the parent may request exclusion from the assistance unit at any other time except when that person has received a lump sum. The caretaker/relative may request exclusion prior to actual receipt of the lump sum. See 305.4 C regarding treatment of a lump sum received by the caretaker/relative.

No person's needs will be included in more than one assistance unit, but a person receiving assistance under another program may be payee for person(s) receiving TANF. A person receiving TANF in one assistance unit as a caretaker may also be the payee for persons receiving TANF in another assistance unit. (See Section 401.1 for the requirements of a request for assistance.)

A recipient of SSI is not eligible for inclusion in the assistance unit. An SSI recipient is an individual who is entitled to SSI benefits regardless of whether the benefit is currently being received.

C. The following child(ren) is not to be included in the assistance unit.

1. A child who is receiving SSI;
2. A child who is an alien whose needs are met by an individual sponsor or who has been in the U.S. less than three years and is sponsored by an agency/organization, unless it can be documented that the agency/organization no longer exists or the agency/organization provides a statement that they are financially unable to support the alien.\*
3. Under the **VIEW** Program a child 16 to 18, out of school or enrolled in school part-time, who fails or refuses to participate without good cause must be excluded from the assistance unit unless otherwise exempt;

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\* 45 CFR 233.51

4. A child whose SSN has not been provided or application for an SSN has not been made. See 201.8 for the exception regarding a newborn child.
  5. A child who receives an adoption assistance maintenance payment. Exception: A child who receives an adoption assistance maintenance payment must be excluded when adding that child to the assistance unit and counting the maintenance payment reduces the TANF benefit. However, that child must be included in the assistance unit when the benefit will be increased by adding that child and his income.\*
  6. A child who receives a foster care maintenance payment or whose needs are included in the foster care maintenance payment for his parent.\*
  7. A child whose citizenship or alien status has not been declared in writing according to Section 201.7 C.
  8. A child subject to the family cap provision. (201.12)
  9. A child not in compliance with the compulsory school attendance requirement. (201.3)
  10. A child convicted in state or federal court of a felony offense for possession, use, or distribution of a controlled substance for conduct occurring after 8/22/96.\*\*
  11. A child fleeing to avoid prosecution or confinement or in violation of probation or parole.\*\*
  12. A child who is in a VIEW period of ineligibility.
  13. A child whose caretaker is in a period of ineligibility due to the receipt of a diversionary assistance payment.
- D. The following parent(s) is not included in the assistance unit:
1. The parent(s), of an eligible TANF child(ren), who is receiving SSI and/or an Auxiliary Grant.
  2. The parent who is not (1) a U. S. citizen or (2) an eligible alien.\*\*
  3. A parent who receives an adoption assistance maintenance payment on his own behalf up to age 21. Exception: A parent who receives an adoption assistance maintenance payment must be excluded when adding that parent to the assistance unit and counting the maintenance payment reduces the TANF benefit. However, that parent must be included in the assistance unit when the benefit will be increased by adding that parent and his income.\*

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\* Public Law 101-508 (OBRA 1990)

\*\* Public Law 104-193

4. The parent who refuses to cooperate in identifying the noncustodial parent, establishing paternity, **or** obtaining support by failing to comply with any of the requirements defined in [201.10](#).\*\*\* (See [502.7.A.2](#). regarding how to handle payment in this situation.) This exception applies until compliance with the requirements of cooperation in [201.10](#) is met.
5. The parent who is a foster care child.

6. The parent whose SSN has not been provided or application for an SSN has not been made.
7. The parent who is an alien whose needs are met by the individual sponsor.
8. The parent who is an alien who has been in the U. S. less than three years and is sponsored by an agency/organization, unless it can be documented that the agency/organization no longer exists or the agency/organization provides a statement that they are financially unable to support the alien.\*
9. The parent who is found to have committed an IPV and disqualified according to Section 102.3.
10. The parent whose citizenship or alien status has not been declared in writing according to Section 201.7.C.
11. The parent who is a convicted offender, serving a court-imposed sentence of unpaid public work, or unpaid community service during work hours, while still living in the home. (Exception: The convicted offender could be included only as an EWB if providing an essential service. See Section 302.5.)
12. The parent whose needs are met by her spouse, the stepparent of the eligible children, living in the home.
13. The minor parent not in compliance with the compulsory school attendance requirement in Section 201.3.
14. The parent convicted in state or federal court of fraudulently misrepresenting his address to receive TANF, Medicaid, or Food Stamps in two or more states and it is within ten years of the date the individual was convicted.\*\*
15. The parent convicted in state or federal court of a felony offense for possession, use, or distribution of a controlled substance for conduct occurring after 8/22/96.\*\*
16. The parent that failed to report to the local agency in accordance with Section 401.2.B.2.a.3 after it became clear that the minor child would be absent from the home for 45 consecutive days.\*\*
17. The parent that is fleeing to avoid prosecution or confinement or that is in violation of probation or parole.\*\*

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\* 45 CFR 233.51

\*\* Personal Responsibility and Work Opportunity Reconciliation Act of 1996

- D. **Sponsored Aliens** - For the purposes of determining eligibility, the income of any person who sponsors an alien's entry into the United States on or after December 19, 1997, shall be considered to be the unearned income of the alien.

After determining that an alien meets the alienage requirements in Section 201.7.A.2.a. - d, the worker must determine if sponsor deeming is applicable to the individual. The alien groups exempt from sponsor deeming are refugees, asylees, deportees, parolees, Cuban-Haitians, and veterans/persons in active duty and certain of their relatives (Section 201.7.A.2.d). Aliens exempted are responsible for proving that their original entry status was one of those listed above if their current status is different.

1. Aliens Whose Sponsor Executes an Affidavit of Support on or After December 19, 1997 Section 213A of the Immigration and Nationality Act, as amended by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996(P.L. 104-208) requires that the sponsor of an alien applying for an immigrant visa or adjustment of status on or after December 19, 1997, sign Form I-864, the "Affidavit of Support Under Section 213A of the Act." The sponsor of an alien who applied for an immigrant visa or adjustment of status before December 19, 1997, is not subject to the requirements of Section 213A and must sign Form I-134, the "Affidavit of Support," or another "non-213A" affidavit of support, as determined by USCIS.



consider assignments which primarily address work behaviors and habits necessary to become employed.

- (7) The ESW will not assign the participant to projects which require unreasonable travel time or which require the participant to remain away from his home overnight without his consent. A round trip in excess of two hours from the participant's home is considered an unreasonable distance in any situation. The transportation time determined reasonable should be relative to the number of hours being worked in a day.
- (8) Charitable Choice\* - When a participant is assigned by the ESW to receive services from a faith-based organization, the participant has the right to object to the services provided by the faith-based organization. If a participant objects to the services, the worker must provide him/her with services from any alternative provider that will give the same value of services. See Chapter 1000, page 70 and Appendix B, Page 7.

I. Workers' Compensation

**VIEW participants not eligible for Medicaid who are participating in the CWEP component are deemed to be employees of the Commonwealth for purposes of the Workers' Compensation Act. Such persons shall be eligible for reimbursement for medical costs if the injury is covered under the Workers' Compensation Act, but shall not be eligible to receive weekly compensation.\*\***

- (1) **If a claim is accepted, Workers' Compensation will pay medical costs for services provided by a panel physician as authorized by the Workers' Compensation Act for covered injuries only.**
  - (a) **The VIEW participant should notify her medical provider that she is seeking attention for a workers' compensation claim and request medical providers to submit medical reports and bills for covered injuries to Managed Care Innovations (MCI).**
  - (b) **MCI will review the medical report, confirm the treatment is related to a covered injury and remit payment to the medical provider for services of the covered injury.**
- (2) **Local agencies who assign VIEW participants not eligible for Medicaid to CWEP placements must follow these steps to ensure proper coverage in the event of an accident on the job.**
  - (a) **Submit the name, case number (legacy number and ADAPT case number), and Begin and End date for the individual assigned to CWEP. The CWEP Placements Without Medicaid Coverage form must be completed online at:**  
<http://www.localagency.dss.state.va.us/divisions/bp/tanf/forms/view.cgi>

\* Public Law 104-193

\*\* 2005 Acts of Assembly, HB2462

- (b) Establish a panel of at least three physicians who agree to provide care in accordance with the requirements of the Workers' Compensation Act. A panel of three physicians must be provided in writing to participants who notify their supervisor that they wish to file a Workmen's Compensation claim. The form can be located at <http://www.covwc.com/physicianform.php>.

For assistance in establishing a panel access the Preferred Provider Organization (PPO) website; <http://www.dhrm.virginia.gov>. From the left hand side of the screen select, Workers Comp and Safety and then from the right hand side of the screen select Workers' Compensation PPO Network.

- (3) The CWEP work site supervisor must immediately complete an Employer's Accident Report form when an accident occurs. This form can be accessed on line at [http://www.vwc.state.va.us/printable/form3\\_ea.pdf](http://www.vwc.state.va.us/printable/form3_ea.pdf).

- (a) The supervisor must investigate the claim, document work place hazards/conditions involved in accident and complete 'Employer's Accident Report' based upon his investigation.
- (b) This form is a Virginia Workers' Compensation Commission form and is required to be submitted on tan paper.
- (c) List the employer as CWEP and the agency number as 997.
- (d) The original form must be sent to:  
Managed Care Innovations  
PO Box 1140  
Richmond, VA 23218.

A copy must also be sent to:  
Virginia Department of Social Services  
Division of Benefit Programs  
Economic Assistance and Employment Unit  
Attn: CWEP Placements without Medicaid Coverage  
7 North Eight Street  
Richmond, VA 23219-3301

- (4) The Economic Assistance and Employment Unit of the Division of Benefit Programs at VDSS must:
  - (a) Maintain case names and numbers received from local agencies and provide these names to the Department of Human Resource Management (DHRM).
  - (b) Pay premiums per individual in a CWEP placement to DHRM.
  - (c) Maintain a file of all Employers' Accident Reports.
  - (d) Notify the local department of social services of the disposition of the Workmen's Compensation application.

- (5) The Department of Human Resource Management (DHRM)'s claims administrator Managed Care Innovations:**

  - (a) Will notify VDSS when a claim for Workmen's Compensation has been filed.**
  - (b) Contact both the injured worker and the work site supervisor for information about the accident.**
  - (c) Notify both the injured worker and VDSS home office of the disposition of the claim.**
- (6) The VIEW Participant without Medicaid in a CWEP placement:**

  - (a) Should immediately notify the work site supervisor in writing of workplace accident facts.**
  - (b) Inform the doctor when the visit is necessitated by an injury at work and that a claim for Workmen's Compensation has been filed. The doctor should submit a medical report and bills to MCI.**
- (7) Workers' Compensation Hearings**

  - (a) When a request for Workers' Compensation has been denied, the VIEW participant may request a hearing. The request must be made to the Virginia Workers' Compensation Commission.**
  - (b) The Office of the Attorney General represents the state on cases in litigation. Managed Care Innovations will manage and coordinate the defense of the case with the Office of the Attorney General. Should any witnesses or supervisory testimony be required, the Office of the Attorney General will provide immediate notification.**

VIEW FORMS

Texas Information Sheet (032-02-.....)	3
Agreement of Personal Responsibility (032-02-310/2).....	6
VIEW Assessment I (032-02-303/2).....	9
VIEW/TWA/Transitional Activity and Service Plan (032-02-302/4).....	13
Job Search Form (032-02-301/1) .....	16
Full Employment Program (FEP) Agreement (032-02-309/2).....	19
Full Employment Program Communication Form (032-03-655).....	21
Community Work Site Agreement (032-02-308).....	23
Work Site Position(s) (FEP or CWEP) (032-02-306) .....	25
Referral to Work Site (FEP or CWEP) (032-02-300) .....	27
Attendance/Performance Rating Sheet (032-02-305) .....	29
VIEW Non-Compliance Checklist (032-02-671).....	31
Do You Have a Disability (032-02-670) .....	33
TANF 24-Month Advance Notice of Proposed Action ((032-03-368/2).....	36
Notice of Intentional Program Violation (032-03-721/7).....	38
Page 41 - OBSOLETE.....	41
Notice of Sanction/Termination (032-02-307/1).....	42
Hardship Exception Determination (032-03-376/2).....	44
Notice of Hardship Exception (032-03-377).....	47
Contact Sheet (032-02-078/5) .....	49
Communication Form (032-02-072/7) .....	50
VIEW Exchange of Information Form (032-03-375/1) .....	51
Medical Evaluation Form (032-03-654/1).....	53
<b>Notice of Workers' Compensation Requirements and Procedures.(032-03-675).....</b>	<b>56</b>
<b>Employer's Accident Report (VWC Form No. 3 rev. 3/22/02).....</b>	<b>58</b>

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES  
VIEW PROGRAM

### **Notification of Workers' Compensation Requirements and Procedure**

Virginia Initiative for Employment not Welfare (VIEW) participants not eligible for Medicaid assigned to the Community Work Experience Program (CWEP) and placed at a site shall be deemed employers of the Commonwealth for the purposes of the Workers' Compensation Act.

#### **The VIEW participant should in the event of a covered injury at the CWEP placement:**

1. Immediately give notice to the employer or his designee, in writing, of the injury or occupational disease and the date of the accident or notice of the occupational disease.
2. Promptly seek treatment from one of their TANF health care providers. If assistance is needed in finding a doctor, contact your VIEW worker.

#### **The employer should:**

1. At the time of the accident, determine the name of the TANF participant's health care provider and immediately set up an appointment for them to see the physician. However, if the injury is of a critical nature, arrange for the employee to be sent to the hospital.
2. Investigate the accident facts, taking note of who witnessed the accident and whether the facts appear correct.
3. Complete the Employer's Accident Report form from the employer's perspective and submit completed form to:

Managed Care Innovations  
PO Box 1140  
Richmond, VA 23218

A copy of the report must also be sent to

Virginia Department of Social Services  
Division of Benefit Program  
Economic Assistance and Employment Unit  
7 North Eight Street  
Richmond, VA 23219-3301

Worker	Telephone	For Free Legal Advice Call
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## **Notification of Workers' Compensation Requirement and Procedure**

032-03-675

**PURPOSE OF FORM** - This form provides notification requirements and procedures in the event of a covered injury to a VIEW participant in a CWEP placement.

**USE OF FORM** - This form is used to ensure understanding between the VIEW participant and the work site regarding covered injuries for VIEW participants in a CWEP placement not eligible for Medicaid.

**NUMBER OF COPIES** - Original and two copies

**DISPOSITION OF COPIES** – Copy remains on file in agency. One copy is retained by the work site and one given to the VIEW participant in a CWEP placement and who is not eligible for Medicaid.

**INSTRUCTIONS FOR PREPARING FORM** - After discussion with the VIEW participant and the work site representative, this notice will be completed so that both parties have an understanding of their mutual responsibilities.

A separate notice is required for each participant and/or CWEP placement.

7/05

**Employer's Accident Report**  
(formerly: Employer's First Report of Accident)  
Virginia Workers' Compensation Commission  
1000 DMV Drive Richmond VA 23220  
*See instructions on the reverse of this form*

<b>The boxes to the right are for the use of the insurer</b>		Reason for filing		VWC file number	
		Insurer code or PEO Ref. No.		Insurer location	
		Insurer claim number			
<b>Employer</b>					
1. Name of employer (trading as or doing business as, if applicable)		2. Federal Tax Identification Number		3. Employer's Case No. (if applicable)	
4. Mailing address		5. Location (if different from mailing address)			
6. Parent corporation /Policy Named Insured (if applicable) or PEO name		7. Nature of business (NAICS code, if applicable)			
8. Name and Address of Insurer or self-insurer for this claim		9. Policy number		10. Effective date	
<b>Time and Place of Accident</b>					
11. City or county where accident occurred		12. Date of injury		13. Hour of injury	
				<input type="checkbox"/> a.m. <input type="checkbox"/> p.m. 13a. Time began work <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
14. Date of incapacity		15. Hour of incapacity			
16. Was employee paid in full for day of injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. Was employee paid in full for day incapacity began? <input type="checkbox"/> Yes <input type="checkbox"/> No			
18. Date injury or illness reported		19. Person to whom reported		20. Name of other witness	
				21. If fatal, give date of death	
<b>Employee</b>					
22. Name of employee (Last, First, Middle)		23. Phone number		24. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
25. Address		26. Date of birth		27. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed	
		28. Social security number			
29. Occupation at time of injury or illness (SOC code, if applicable)		30. Is worker covered by PEO policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		31. Number of dependent children <input type="text"/>	
32. How long in current job?		33. Date of Hire		34. Was employee paid on a piece work or hourly basis? <input type="checkbox"/> Piece work <input type="checkbox"/> Hourly	
35. Hours worked per day <input type="text"/>		36. Days worked per week <input type="text"/>		37. Value of perquisites per week	
38. Wages per hour \$ <input type="text"/>		39. Earnings per week (inc. overtime) \$ <input type="text"/>		Food/meals    Lodging    Tips    Other \$                \$                \$                \$	
<b>Nature and Cause of Accident</b>					
40. Machine, tool, or object causing injury or illness		41. Specify part of machine, etc.			
42. Describe fully how injury or illness occurred					
43. Describe nature of injury or illness, including parts of body affected				43a. Overnight inpatient hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No 43b. Treated in Emergency Room? <input type="checkbox"/> Yes <input type="checkbox"/> No	
44. Physician (name and address)		45. Hospital or Clinic (name and address)			
46. Probable length of disability		47. Has employee returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No		48. At what wage?	
49. On what date?		50. EMPLOYER: prepared by (name, signature, title)		51. Date	
52. Phone number		53. INSURER: (name of processor)		54. Date	
55. Phone number		56. THIRD PARTY ADMINISTRATOR (if applicable)		57. Address	
58. Phone number					

This report is required by the Virginia Workers' Compensation Act

**Employer's Accident Report**  
VWC Form No. 3 (rev. 03/22/02)

7/05

**INSTRUCTIONS**

**Employer's Accident Report  
(formerly Employer's First Report of Accident)  
VWC Form No. 3**

**Employer**

1. Fill out this form whenever one of your employees is injured. Provide all the information requested, except the information in the top right corner. **Please type or print all information in black ink.** Your signature is required on line 50 of the form.
2. Send the original beige form to your insurance carrier, claims servicing agency, or third party administrator for processing. If you are self-insured, send it to your organization's designated office for handling workers' compensation claims.
3. If you are an employer subject to OSHA record-keeping requirements, you may retain a copy of this completed form as a supplementary record of occupational injury or illness. Use block #3 (Employer's Case No.) to cross-reference your master log of accidents and illnesses.
4. If you need additional copies of this form, please request them from your insurance carrier, claims servicing agency, or third party administrator.

**Insurance carriers, self-insured employers, Professional Employer Organizations (PEO's), and authorized representatives**

1. For accidents meeting one of the seven criteria for establishing a Commission Case File,\* submit the original beige form and one copy to the Virginia Workers' Compensation Commission at 1000 DMV Drive, Richmond VA 23220. The code for the reason for filing should be written at the top right of the form.
2. When processing these forms prior to transmittal to the Commission, please include the information requested at the top right of the form, verify that the carrier name and policy number given by the employer are accurate, and enter your name and phone number, and the date of processing at the bottom of the form.
3. Insurer code at the top right of the form refers to the five-digit code assigned by NCCI. If you are self-insured, it refers to a similar five-digit number assigned by the Virginia Workers' Compensation Commission. A PEO must use the VWCC reference number.
4. Additional copies of this form are available without cost by writing to the Commission. Please note that color coding of the forms greatly increases the Commission's efficiency in processing claims, and that any alternative versions of the form you develop yourself require prior approval by the Commission. Write to "Forms" at the listed Virginia Workers' Compensation Commission address.
5. On Lines 8 and 9, the employer or carrier is to give the name of the responsible carrier as set forth on the policy (line 8) and that carrier's policy number (line 9).
6. This form can be filed electronically. If you would like more information, please go to the Virginia Workers' Compensation Commission's Web site ([www.vwc.state.va.us](http://www.vwc.state.va.us)) or call us at (804) 367-2084.

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\*The criteria are (1) lost time exceeds seven days, (2) medical expenses exceed \$1,000, (3) compensability is denied, (4) issues are disputed, (5) accident resulted in death, (6) permanent disability or disfigurement may be involved, and (7) a specific request is made by the Virginia Workers' Compensation Commission.